Please type a plus sign (+) inside this box -> +

PTO/SB/21 (6-98)
Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application Number 09/769,841 **TRANSMITTAL** 1/24/01 **Filing Date FORM First Named Inventor** 7 2001 (to be used for all correspondence after initial filing) Group Art Unit Technology Center 2100 **Examiner Name** 2 9001/35897 Attorney Docket Number Total Number of Pages in This Submission

			ENCLOS	URES (check all that ap	ply)	
Fee Transm	nittal Form			ent Papers pplication)		After Allowance Communication to Group
Fee A	Attached		Drawing	(s)		Appeal Communication to Board of Appeals and Interferences
Amendmen	nt / Response		Licensing-related Papers			Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
Afte	er Final		Petition I and Acc	Routing Slip (PTO/SB/69) ompanying Petition		Proprietary Information
Affic	davits/declaration(s)			to Convert to a nal Application		Status Letter
Extension of	Extension of Time Request		Power of Attorney, Revocation Change of Correspondence Address			Additional Enclosure(s) (please identify below):
Express Ab	Express Abandonment Request		Terminal Disclaimer Small Entity Statement			
Information	Information Disclosure Statement			for Refund		
Certified Control Document(opy of Priority (s)	Rem	arks			
Response to Missing Parts/ Incomplete Application				•		
Response to Missing Parts under 37 CFR 1.52 or 1.53						
	SIGNATU	RE O	F APPLIC	CANT, ATTORNEY, OR	AGE	NT
Firm <i>or</i> Individual name			Jon	M. Jurgovan, Reg. No. 3	4,633	
Signature			1.11	// Agovan		
Date	l		C	10/22/01		
		CE	DTIEIC	TE OF MAILING		

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: EL789902515US Typed or printed name Jon M. Jurgovan Date 10/22/01

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be send to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



er the Paperwork Reduction Act of 1995, no persons are required to	respond to a collection of information	Tanaba ii ciopiay a tana cinb con	itral number.
2 2 2001 23	Application Number	09/769,841	
A CONTRACTOR OF THE CONTRACTOR	Filing Date	1/24/01	
OEMARY CE.	First Named Inventor		
POWER OF ATTORNEY OR	Title	Optimizing Business Processe	s Using Cost
AUTHORIZATION OF AGENT	Group Art Unit		
	Examinor Name		
<u> </u>	Attorney Docket Number	9001/35897	REDEIVE
I hospity appaints			- DEG 2 7 200
I hereby appoint: Practitioners at Customer Number OR OR	24728	Place Customer Number Bar Code Label here	Technology Center
Practitioner(s) named below:			- , 1
Name	Re	gistration Number	
Jon M. Jurgovan		34,633	
as my/our attorney(s) or agent(s) to prosecute to business in the United States Patent and Trade Please change the correspondence address for The above-mentioned Customer Number.	mark Office connected the	rewith.	_
business in the United States Patent and Trade Please change the correspondence address for The above-mentioned Customer Number. OR Practitioners at Customer Number	mark Office connected the	Place Customer Number Bar Code	
business in the United States Patent and Trade Please change the correspondence address for The above-mentioned Customer Number. OR Practitioners at Customer Number OR	mark Office connected the	rewith. cation to: Place Customer	
business in the United States Patent and Trade Please change the correspondence address for The above-mentioned Customer Number. OR Practitioners at Customer Number	mark Office connected the	Place Customer Number Bar Code	-
business in the United States Patent and Trade Please change the correspondence address for The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name	mark Office connected the	Place Customer Number Bar Code	
business in the United States Patent and Trade Please change the correspondence address for The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address	mark Office connected the the above-identified applic	Place Customer Number Bar Code Label here	_
business in the United States Patent and Trade Please change the correspondence address for The above-mentioned Customer Number. OR Practitioners at Customer Number OR Individual Name Address Address	mark Office connected the	Place Customer Number Bar Code	
business in the United States Patent and Trade Please change the correspondence address for The above-mentioned Customer Number. OR Practitioners at Customer Number OR Individual Name Address Address City Country	mark Office connected the the above-identified applic	Place Customer Number Bar Code Label here	
business in the United States Patent and Trade Please change the correspondence address for The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address Address City Country Glephone	mark Office connected the the above-identified applic	Place Customer Number Bar Code Label here	-
business in the United States Patent and Trade Please change the correspondence address for The above-mentioned Customer Number. OR Practitioners at Customer Number OR Individual Name Address Address City Country Gelephone Lam the:	mark Office connected the the above-identified applic	Place Customer Number Bar Code Label here	
business in the United States Patent and Trade Please change the correspondence address for The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address Address City Country Glephone	mark Office connected the the above-identified applic	Place Customer Number Bar Code Label here	
business in the United States Patent and Trade Please change the correspondence address for The above-mentioned Customer Number. OR Practitioners at Customer Number OR Individual Name Address Address City Country Gelephone Lam the:	mark Office connected the the above-identified application of the state state. State Fax See 37 CFR 3.71.	Place Customer Number Bar Code Label here	
business in the United States Patent and Trade Please change the correspondence address for The above-mentioned Customer Number. OR Practitioners at Customer Number OR Individual Name Address Address City Country Belephone I am the: Applicant/Inventor. Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is encire	mark Office connected the the above-identified application of the state state. State Fax See 37 CFR 3.71.	Placo Customer Number Bar Code Label here	
business in the United States Patent and Trade Please change the correspondence address for The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address Address City Country elephone I am the: Applicant/Inventor. Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is encired.	State See 37 CFR 3.71. Sosed. (Form PTO/SB/96).	Place Customer Number Bar Code Label here Zip	el
business in the United States Patent and Trade Please change the correspondence address for The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address Address City Country elephone I am the: Applicant/Inventor. Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is encired.	State See 37 CFR 3.71. See 37 CFR 3.71. Sosed. (Form PTO/SB/96).	Place Customer Number Bar Code Label here Zip	el

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Paterd and Trademerk Office, Woohington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for 1º dents, Washington, DC 20231.